

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2													
3		2											
4		2											
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51		1								161	1		
52		1								162		1	
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54		1								164		1	
55		1								165	1		
56		1								166		1	
57		1								167		1	
58		1								168	1		
59		1								169		2	
60		1								170		2	
61		1								171		2	
62		3								172		2	
63		3								173	1		
64		3								174	1		
65	1									175		2	
66	1									176		2	
67		2								177	1		
68		2								178		1	
69	1									179		1	
70		1								180		1	
71		1								181	1		
72		1								182		1	
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75		1								185		1	
76	1									186		2	
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78		2								188		2	
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TOTAL IND.													
TOTAL DEP.												35	
TOTAL CLAIMS												156	
TOTAL CLAIMS												176	